

ATTACHMENT 4

Sample Prior Authorization Decision Notice

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Health Care Financing
HCF 11070 (Rev. 07/04)

STATE OF WISCONSIN

HFS 106.03(4) Wis. Admin. Code

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION DECISION NOTICE**

Letter Seq: 00001

PA No: 1234567 ICN: 24922004194211000 Batch: 211 Date: JANUARY 31, 2005

Request Authorization: **Approved**

EOB:

Provider Seq: 00001

IM A PROVIDER
123 MAIN STREET
APT 104
MADISON WI 53707

Provider Number: 12345678

Recipient Name: HES A RECIPIENT

Medicaid ID Number: 1234567890

Primary Diagnosis: 343.9

Secondary Diagnosis: 737.39

Detail Auth	Service Authorized	Modifier	POS	Perform Provider	Quantity Auth	Grant Date	Expire Date
APPROVED	97110	GP	11	12345678	26.00	01/31/05	07/31/05
THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY							

An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with Wisconsin Medicaid payment methodology and policy. If the recipient is enrolled in a Medicaid HMO at the time a prior authorized service is provided, Medicaid reimbursement will be allowed only if the service is not covered by the HMO.